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Atty. Dkt. No. 048679-0157

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22387***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Daniel J. Lipscomb et al.

Title: SPIGOT

Appl. No.: Unknown

Filing Date: Herewith

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431600938 US (Express Mail Label Number)	03/26/04 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Daniel J. Lipscomb
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Prairie du Sac, WI 53578

Alexander P. Kobryn
408 Lueders Road
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Enclosed are:

[X] Specification, Claim(s), and Abstract (15 pages including cover sheet).

[X] Formal drawings (3 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10).

[X] Declaration and Power of Attorney (5 pages).

[X] Application Data Sheet (37 CFR 1.76) (4 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	30	- 20 = 10	x	\$18.00	\$180.00
Independents	3	- 3 = 0	x	\$86.00	\$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	=	\$0.00
			SUBTOTAL:	=	\$950.00
[]		Small Entity Fees Apply (subtract ½ of above):		=	\$0.00
			TOTAL FILING FEE:	=	\$950.00

[X] Check number 13853 in the amount of \$950.00 to cover the filing fee is enclosed.

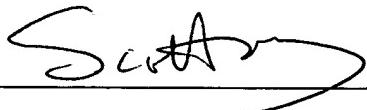
[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date 3/29/04

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Respectfully submitted,

By 

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